

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001393

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143Primary Registration District No. 4232Registrar's No. 811. PLACE OF DEATH
a. COUNTY Howell2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Howellb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Willow SpringsLength of stay in 1b
yrs. c. CITY
OR TOWN Willow SpringsInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
304 E. Valley St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
BENJAMIN FRANKLIN WELLS4. DATE OF DEATH
Month Day Year
Jan. 9, 1963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/14/1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days

2 25

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Texas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Wells

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Mary E. Wells15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

70

17. INFORMANT

Address

Mrs. Mary E. Wells, Willow Springs18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rheumatoid arthritis

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/30/62 to 1/9/63 and last saw him alive on 12/17/62Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Amos L. Coffee, M.D.

22b. ADDRESS

Willow Springs, Mo.

22c. DATE SIGNED

1/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/11/63

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Willow Springs, Mo.

24. FUNERAL DIRECTOR

Burns - Willow Springs, Mo.

25. DATE RECD. BY LOCAL REG.

1/12/63

26. REGISTRAR'S SIGNATURE

Mary E. Wells

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

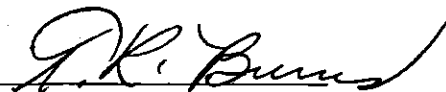
DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. R. Burns



Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.